

**29 March 2021**

**Agenda Item: 4**

## **REPORT OF THE CORPORATE DIRECTOR, ADULT SOCIAL CARE AND HEALTH**

### **DEVELOPING THE ADULT SOCIAL CARE AND HEALTH APPROACH TO PREVENTION AND EARLY INTERVENTION**

#### **Purpose of the Report**

1. The report outlines the range of different work areas that currently contribute to the prevention and early intervention agenda with regard to Nottinghamshire adults and reflects on the learning from Covid in relation to this approach.
2. The report also seeks approval to establish an approach for the co-ordination of prevention and early intervention and to agree a revised timeline for the commission of current prevention services in order to be informed by this approach.

#### **Information**

#### **Background**

3. A prevention and early intervention approach which supports individuals to stay as independent as possible within their own communities and to ensure that all interventions seek to maximise their independence is enshrined in the Care Act 2014, and the Health and Social Care Act 2012 which establishes a model of place based care. It is at the heart of Public Health policy with its focus on addressing the wider determinants around health and wellbeing in order to address health inequalities. These approaches are all reflected in the Council's Adult Social Care and Health (ASCH) Strategy and the strengths-based model of working. The development of an ASCH Prevention Strategy was scheduled for this financial year but has had to be postponed as a result of the pandemic.
4. The Covid pandemic has further highlighted the need to support and engage with vulnerable people who have not been traditionally supported by social care but were identified and supported via the hub and the wider partnership work with health in reaching out to the most vulnerable residents. This has influenced the agreement to develop a Corporate Prevention Strategy. Whilst the ASCH Strategy will be aligned and informed by the Corporate Strategy, given the statutory obligations for Adult Social Care and Public Health and given the breadth of the work required, there is benefit in developing this strategy in its own right.

## **Current Adult Social Care and Health Prevention and Early Intervention Initiatives**

5. Within Adult Social Care and Health there are a number of work areas that have a key remit in implementing a more preventative approach. Central to this vision is the Maximising Independence Service.

### **Maximising Independence Service**

6. Whilst components of this service have been in existence for some time, through the Workforce Re-modelling Programme, the service has been significantly strengthened and re-structured. The service has two clear components in relation to reablement and enablement which works with people with new or increased packages of care. The role and remit of this team is still in development and so further work is required to understand how best this can be used in conjunction with other service areas.

### **Commissioned Services Supporting Prevention and Early Intervention**

7. There are a number of block-funded commissioned services which provide a range of prevention and independence support outside of the personal budget. Whilst these services are well used and provide a range of step up, step down and complementary support to those receiving social care, there is a not always sufficient clarity around defining the different remits of these services in relation to the MIS. A number of these services were due to be recommissioned in 2021. However, it is now proposed that in order that these services can be commissioned in line with the commissioning intentions that will be identified through the development of the Prevention Strategy, the new contracts are not established until 1<sup>st</sup> August 2022 and that the current contracts are extended until that time. Further details are contained in **Appendix 1**.
8. There are also opportunities for identifying a different approach to commissioning some components of the outreach element of the Care Support and Enablement Contract which was scheduled to be re-tendered in 2021.

### **Public Health**

9. Public Health, with its remit around addressing wider health determinants and addressing health inequalities is a key strand to the Council's prevention agenda. The strategy provides an opportunity to strengthen the alignment of prevention activity between Adult Social Care and Public Health and to build upon the expertise in Public Health around population-based needs assessments including areas such as loneliness and dementia.
10. The strategy will also encompass the contracts directly commissioned by Public Health which address the prevention agenda, including; mental health, drugs and alcohol and homelessness.

### **Accommodation**

11. Whilst the responsibility for housing sits largely with the District Councils, the right housing with the right support is a key determiner around people's ability to maintain independence. A clear vision is required for the development of both public and private sector housing that

supports and maximises independence. Adult Social Care & Health, alongside Place colleagues, has a key role in influencing this vision. In addition, the use of services which support independence in the home need to be effectively co-ordinated and used appropriately. These include: the use of the Disabled Facility Grant; the Integrated Community Equipment Loans Service; Technology Enabled Care; and the Handy Person's Contract.

### **Place Based Care and Community Assets**

12. Place based care is at the heart of the Integrated Care System, with detailed population management data informing the commissioning of services. A key aspect of the use of place based care is both the availability of and access to community assets both in terms of commissioned and non-commissioned voluntary and community sector services. There is still further work to be done to ensure that health and social care are co-ordinating their efforts around this agenda. Place and population-based funding arrangements will open up new models for the commissioning of services.
13. A key national initiative from health is the use of community link workers which are established across Primary Care Networks. Adult Social Care & Health is piloting the Local Area Co-ordination approach to establish ways of better co-ordinating community-based initiatives.

### **Employment**

14. The Council has a role in respect of a number of employment initiatives, as well as being a major employer in terms of its own services and indirectly through the commissioned workforce. The Council has key targets around supporting key vulnerable groups into employment, such as people with learning disabilities. There is a strong correlation between employment and mental and physical health.

### **Health**

15. As identified above, alignment with health initiatives will be a key driver for effective prevention. The Local Resilience Forums formed during the Covid pandemic have proved very successful in driving integrated change. The revised governance arrangements for the Better Care Fund and the funding programme that this oversees will also provide a mechanism for driving forward prevention initiatives and will align with the initiatives laid out in the new White Paper, *Integration and Innovation: working together to improve health and social care for all*.

### **Areas of Focus**

16. Whilst prevention and early intervention needs to be a comprehensive approach, there are specific issues for some groups, many of which have been highlighted through the pandemic.
17. **Mental health:** Covid has had a huge impact on people's mental health at all levels of need. Currently there is a lack of a joined up preventative approach to the provision of early help for people with mental health needs including dementia across Public Health, social

care and health partners, which means that interventions are only offered when someone's mental health has significantly deteriorated.

18. **Hard to Reach and Underserved Communities:** during Covid, the Council reached out to those who were vulnerable and living in isolation to ensure that they were kept safe. The Council identified that people were not only physically isolated, but due to the need to rely on virtual contact, were digitally excluded as well. Whilst this is being partly addressed via a newly commissioned service and the development of the digital strategy, this group will continue to be a consideration. A particular group that has been highlighted where there are additional barriers to communication includes people with sensory impairment. Covid has particularly impacted on people from Black and Minority Ethnic groups, compounding existing issues of health inequality.
19. **Carers:** whilst carer specific contracts are not included in this work, carers themselves make the single biggest contribution to prevention through the work that they do in supporting vulnerable people. Covid has significantly increased the pressures faced by carers.
20. **Young People Preparing for Adulthood:** effective prevention and early intervention needs to start in childhood and there also needs to be continuity as young people move into adulthood in relation to the wider networks that provide effective prevention. This aligns to the Preparing for Adulthood principles in relation to employment, independent living, community and friendships and good health.
21. **Homeless people:** many homeless people have multiple complex needs such as substance use, offending, and mental health issues, but may not meet health and social care thresholds. This can lead to an escalation of needs and vulnerabilities so that even when housing is provided, individuals do not have the capabilities to maintain them and can be caught in a revolving door, passed from service to service.

### **Effective Targeting of Prevention and Early Intervention Initiatives**

22. Prevention and early intervention work has largely been reactive in terms of responding to people who identify themselves to the Council. By the very nature of this approach, to be more effective, there is a need to shift to a more proactive approach. The data used to identify vulnerable groups illustrated how this could be achieved using E Healthscope and other data sources. The work around population health management and the Proactive Interventions Project will also be key in supporting the targeting of individuals based on evidence-based risk factors. The impact of prevention and early intervention approaches also need to be evidence-based and linked to an outcome-based approach.

### **The Development of the Strategy**

23. Work has already taken place in terms of mapping and understanding existing resources. Data will also be gathered using the Predictive Analytic Project to identify and target cohorts. Further analysis will be required to understand impact and effectiveness of these services as well as to consider best practice. The strategy will be developed through a process of coproduction with internal stakeholders, key partners such as health as well as engagement with the wider public. Given the breadth of this piece of work, it is anticipated that there will be a number of workstreams, reporting into a Programme Board. This Board

will report into the Adult Transformation Board as well as the Adult Social Care & Health Commissioning Board. It will also report as required into the Corporate Prevention Workstream. It is proposed that the Board will be established in April, at which point a clear project plan will be developed, and timelines agreed. These timelines and progress to date will then form a proposed report to Committee for September.

### **Other Options Considered**

24. To maintain the current approach: this would continue to mean that there is no clear strategic vision for the Department which will not support the most effective use of resources and there will be lack of clarity in wider partnership discussions.
25. To tender current prevention services at the earliest opportunity that Covid allows: this approach would not allow for key commissioned services to be influenced and informed by the strategy and would delay by some years the commissioning of these services in alignment with the strategic direction of travel.

### **Reason/s for Recommendation/s**

26. Whilst strategically Adult Social Care & Health is committed to an approach that is strengths-based and supports people to be as independent as possible within their communities, there is no clear underpinning approach that provides a clear vision as to the approach and services required that will most fully facilitate this approach.
27. Without work having taken place, to determine this strategic direction, the commissioning of the current suite of preventative services will not support and help to drive this vision.

### **Statutory and Policy Implications**

28. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

### **Financial Implications**

29. There are no financial implications at this time.

### **Human Resources Implications**

30. Whilst the completed strategy may identify future changes, any specific proposals will be the subject of further reports.

### **Public Sector Equality Duty implications**

31. An Equality Impact Assessment will be undertaken as part of the strategic development and in relation to any re-tendering to ensure that groups within the protected characteristic

categories are not negatively impacted by this work. The strategy will seek to particularly address the needs of under served groups.

### **Smarter Working Implications**

32. The opportunities presented by smarter working and digital innovation will be considered within the development of the strategy.

### **Implications for Service Users**

33. The strategy will seek to strengthen approaches to enable residents of Nottinghamshire to be able to have the tools and options required to support themselves where possible within their communities and to ensure that when further support is required that this is available and accessible.

## **RECOMMENDATION/S**

That Committee:

- 1) approves the establishment of an Adult Social Care and Health Prevention and Early Intervention Board to develop a co-produced Adult Social Care and Health Prevention and Early Intervention Strategy to inform the future commissioning and configuration of Adult Social Care and Health services as well as to align to and support the wider Corporate Prevention Strategy
- 2) agrees to receive a further report on the proposed Prevention and Early Intervention Strategy for consideration in September 2021
- 3) agrees to postpone the re-commissioning of preventative services identified in **Appendix 1**, and to extend current contracts through to 31<sup>st</sup> July 2022.

**Melanie Brooks**

**Corporate Director, Adult Social Care and Health**

**For any enquiries about this report please contact:**

Clare Gilbert

Group Manager, Strategic Commissioning

T: 0115 8045527

E: [clare.gilbert@nottscc.gov.uk](mailto:clare.gilbert@nottscc.gov.uk)

### **Constitutional Comments (EP 01/03/21)**

34. The recommendations fall within the remit of the Adult Social Care and Public Health Committee by virtue of its terms of reference. Any contract extensions should be prepared and dealt with in accordance with advice and assistance from Corporate Procurement and Legal Services.

### **Financial Comments (DG 02/03/21)**

35. There are no direct financial implications arising from this report.

### **Background Papers and Published Documents**

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

None.

### **Electoral Division(s) and Member(s) Affected**

All.

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